	NT INFORMATION IN A CRISIS Date:
NAME:	
rimary Langua	nge:
rimary Care: _	
Phone#: ()	
Mental Health	
Provider:	
Phone#: (
After Hours: (_	
in case of emerg	gency:
Phone# (
Relationship:	
My Important l Name:	
Name: Phone #:(
Name: Phone #:(Type of Resour	ce:
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Name: Phone #:(Type of Resour Name:	
Name:	ce:
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Medication:	mg	a.m.	noon	p.m.	Bed time
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Injectables:					
				941	
Name of Prescri Phone #:	bing Doo	tor:			**.
Pharmacy: Phone #:			* * * * * * * * * * * * * * * * * * *		
Drug Allergies:					
Other Informati	on:				